


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Jan 23, 2006 08:00 AM  
Secretary of State

<b>DOCUMENT # 715181</b>	
1. Entity Name EPIPHANY BIBLE STUDENTS ASSOCIATION, INCORPORATED	

Principal Place of Business 2501 MORNINGSIDE P. O. BOX 97 MOUNT DORA FLA, FL 32757 US	Mailing Address 2501 MORNINGSIDE P. O. BOX 97 MOUNT DORA FLA, FL 32757 US
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01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6216201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  WILLIAMS, MARJORIE H 2501 MORNINGSIDE DRIVE MOUNT DORA, FL 32757
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**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when renewing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, LEONARD E 2518 NORFOLK RD. ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOEFLE, EMILY 2501 MORNINGSIDE MOUNT DORA, FL 00000.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLINARD, DELTA 691 HEGE ROAD LEXINGTON, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARJORIE H 2501 MORNINGSIDE DRIVE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/06-80014-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marjorie H. Williams Marjorie H. Williams 1/18/06 352-383-2248

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #